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7590

10/08/2004

Ingrid A Beattie
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01/13/2005 AWONDAF2 00000042 09743544

01 FC:2501 700.00 OP
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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/743,544	05/04/2001	Ronald A. Faris	21486-024 NATL	2853

TITLE OF INVENTION: LIVER STEM CELL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685 \$700	\$0	\$685 \$700	01/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WOITACH, JOSEPH T	1632	424-093700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
2 Ingrid A. Beattie

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

RHODE ISLAND HOSPITAL

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PROVIDENCE, RHODE ISLAND

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☒ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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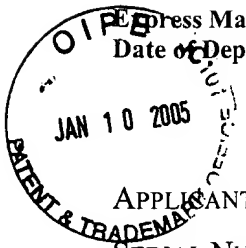
Date January 10, 2005

Typed or printed name Ingrid A. Beattie, Reg. No. 42,306

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: January 10, 2005

Attorney Docket No. 21486-024 NATL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Ronald A. Faris

SERIAL NUMBER: 09/743,544

EXAMINER: Joseph T. Woitach

FILING DATE: May 4, 2001

ART UNIT: 1632

FOR: LIVER STEM CELL

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Boston, Massachusetts
January 10, 2005

TRANSMITTAL LETTER

Enclosed herewith are the following for the above-identified non-provisional patent application:

1. Issue Fee Transmittal (1 page);
2. Check No. 19884 in the amount of \$730.00 (\$700.00 Issue Fee, \$30.00 advance copies of patent;
3. Return postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at telephone (617) 542-6000.

Applicant believes that no fees are due with this submission. However, the Commissioner is hereby authorized to charge any fee that may be due to Deposit Account No. 50-0311 (Reference No. 21486-024 NATL). A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

Ingrid A. Beattie, Reg. No. 42,306
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